

Montana Law Enforcement Academy

Professional Programs Course Application

2260 Sierra Road East • Helena, MT 59602 • Phone (406) 444-9950



Course Requested _____

Date of Training _____ Location of Training _____

Agency Information

Agency Name _____

Mailing Address _____

City _____ State _____ Zip _____

Training Coordinator/Supervisor Contact Name _____

Phone _____ E-mail _____

Applicant Information

Name (First, MI, Last) _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Work E-mail _____

Male _____ Female _____ Date of Birth ____/____/____ Date of Hire ____/____/____
MM DD YY MM DD YY

On-site Professional Courses Only

Available Accommodations:

Lodging Request (\$15 night) Y N Full Meal Plan (\$14 day) Y N

Special Dietary Needs Y N If yes, explain: _____

Be advised that your agency will be billed for the meal and lodging plan indicated on the application unless MLEA is notified 10 days prior to the start of class.

I hereby certify and attest that the person mentioned herein as "Applicant" is a full-time or part-time employee and compensated public safety officer as defined in 44-4-401, MCA and has met all the minimum qualifications for employment as dictated in 7-32-303 MCA for law enforcement officers or 23.13.201 of the Administrative Rules of Montana for all other public safety officers.

Administrator Signature _____ Date _____

I hereby certify and attest that I, the person mentioned herein as "Applicant" am a full-time or part-time employee and compensated public safety officer as defined in 44-4-401, MCA and have met all the minimum qualifications for employment as dictated in 7-32-303 MCA for law enforcement officers or 23.13.201 of the Administrative Rules of Montana for all other public safety officers.

Applicant Signature _____ Date _____

Application must be received by MLEA 15 days prior to the start of the course!